

Psychological Services

Definition: Services focused upon assessment of needs and counseling/therapy designed to address specific needs in areas such as cognitive and/or affective skills. These services include initial assessment for determining need for appropriateness of psychological services, psychological testing, and/or goal-oriented counseling/therapy focused on issues related to seriously inappropriate sexual behavior (e.g. those behaviors which could lead to criminal sexual misconduct). Psychological Services are not to be confused with Behavior Support Services. The following is guidance to distinguish between the two services.

<u>Psychological Services</u>	<u>Behavior Support Services</u>
Initial assessment for determining need for and appropriateness of psychological services	Initial assessment for determining need for and appropriateness of behavior support services
Psychological testing	Behavioral assessment (i.e., functional assessment and/or functional analysis of problem behavior) that includes direct observation, interview of key persons, collection of objective data
Goal-oriented counseling on issues which affect his/her ability to live as independently and productively as feasible	Analysis of behavioral/functional assessment data to determine the function of the behavior(s) (and later to assess success of intervention and any needed modifications)
Goal-oriented counseling/therapy on issues related to seriously inappropriate sexual behavior (e.g., those behaviors which could lead to criminal sexual misconduct)	Behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function

The qualifications for providers of these two services are different. Most providers are not qualified/approved to provide both services, so check carefully to see what service(s) a particular provider is approved to provide.

Psychological Counseling Services and Behavior Support Services are quite different. The initial assessment that is included in both services is an appropriate first step if you or the team believes that such a service may be needed. It is possible for a consumer to receive both services, if needed, without there being a duplication of services.

Providers: Psychological Services are provided by qualified professionals who are enrolled with SCDHHS to provide psychological services through the MR/RD Waiver.

Arranging for the Service: If it is felt that the recipient may need psychological testing or may need to be assessed to determine the potential benefits of goal-oriented counseling, psychological services should be authorized in the form of a psychological evaluation/assessment (unless they have had one within the last year and a recommendation was made regarding counseling). The recipient or his/her family/guardian should be provided with a listing of available Psychological Service providers. A provider authorized to provide Psychological Counseling Services **must be chosen**. The offering of

the choice of providers must be clearly documented. The Service Coordinator should contact the chosen provider and inquire about the standard length for an evaluation/assessment (one unit equals 30 minutes of service). This information should be entered on to the Waiver Tracking System (Psychological Evaluation S42). Once approved, the assessment can be authorized using the **Authorization for Services (MR/RD Form 9 or 10)**. The **MR/RD Form 10** must be used for any recipient who also receives Residential Habilitation, Day Habilitation, Prevocational Habilitation or Supported Employment funded through the MR/RD Waiver, as these services will be billed to the DSN Board. The **MR/RD Form A-9** should be used for all other recipients and directs the provider to bill Medicaid (SCDHHS) for services rendered. A prior authorization number will be used for these individuals. Upon receiving a copy of the assessment/evaluation, if the recipient has been assessed and goal oriented counseling/therapy is recommended then psychological counseling services should be authorized and the specific need should be documented in the plan.

Again the needed services would be added to the Waiver Tracking System (Psychological-individual S24) along with justification for the service. Again, one unit equals 30 minutes of services. Once the service is approved, **Authorization for Services** can be completed by the same process used for Psychological evaluations/assessments as stated above.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Psychological Evaluations and Services.

Psychological Evaluation:

- Within two weeks of completion
- What are the recommendations from the evaluation?
- What problem areas were noted?
- Is therapy recommended
- How much is recommended?
- Will the individual's optimal functional level improve with therapy?
- What are the goals of the recommended therapy?

Psychological Services

- At least monthly for the first two months
- At least quarterly thereafter
- Conversation with recipient or family/caregiver at least every six months
- Start over with each new provider
- Evaluation: within two weeks of completion.

Monitorship of this service may occur with the individual/family or service provider. Monitorship may also occur during review of evaluation reports or progress notes completed by the provider. Some items to consider during monitorship include:

- If the individual has recently had an evaluation, the recommendations from the evaluation must be reviewed to ensure that it addresses the initial concerns that justified the need for the evaluation.

- Are they making significant progress towards the goals and objectives outlined in the evaluation?
If not, have the individual's goals and objectives been modified to reflect the need for current services?
- Are the goals and objectives of therapy consistent with the individual's overall life goals?
- Is the individual satisfied with his/her provider of services?
- Do psychological services need to continue at the same level?
- What is the expected duration of the counseling?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # / / / / / / / / / /

PSYCHOLOGICAL SERVICES (H0046):

Assessment: Number of Units _____ (one unit = 30 minutes)

Counseling/Therapy: Start Date: _____

Number of Units (one unit = 30 minutes) _____

Frequency: _____

****NO MORE THAN 8 HOURS/16 UNITS PER DAY MAY BE AUTHORIZED****

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

PSYCHOLOGICAL SERVICES:

Assessment: Number of Units _____ (one unit = 30 minutes)

Counseling/Therapy Start Date: _____

Number of Units (one unit = 30 minutes) _____

Frequency: _____

****NO MORE THAN 8 HOURS/16 UNITS PER DAY MAY BE AUTHORIZED****

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

MR/RD Waiver Psychological Services, Behavior Support Services, Psychological Testing

Revision of Provider Requirements – Effective September 2002

CMS (formerly HCFA) has recently approved DDSN's revision to the MR/RD Waiver services of Psychological Services (Testing and Counseling) and Behavior Supports. These changes, in addition to the interview process for qualification of providers added in 2000, now includes: a) approval of provider status for a two-year period, necessitating re-application every two years to continue provider status; b) a continuing education requirement in the area of the providers service(s) of 20 hours per two years, with documentation required as part of the renewal process; and c) a review by DDSN of the provider's work (to be done on an annual basis and/or upon receipt of complaint by DDSN).

Two-year Approval

The two-year approval requirement becomes effective 09/01/02. All providers of psychological and behavior support services under the MR/RD Waiver will need to submit a renewal form no later than 08/31/04 in order to continue to maintain provider status. This form will be available upon request well before the deadline. It will also be mailed to each approved provider at the mailing address they provided to DDSN. **It is the responsibility of the provider to insure that a current mailing address is provided to DDSN.**

Continuing Education Requirement

Twenty (20) continuing education units (CEUs) are required during the two-year period preceding a provider's renewal application. For providers who are enrolled less than two years prior to the required renewal this will be prorated by six-month increments (e.g., 1.5 years of service prior to renewal requires 15 CEUs). CEUs, which must be in the provider's area of waiver service provision, shall consist of education/training activities including professional workshop attendance, professional conference attendance, graduate level courses, or education/training opportunities offered by DDSN. CEUs are earned on a contact hour basis where 1 hour of workshop attendance or 1 hour of conference presentation attendance in an approved content area equals one CEU. All continuing education activities must be documented by a certificate from the sponsor of the activity. The form for summarizing CEU accumulation will be provided with the renewal form.

Quality Assurance Reviews

DDSN, in order to insure that work conducted under the MR/RD Waiver meets the criteria established for qualification of providers, will review a sample of each providers work on an annual basis. This work sample will be assessed for quality and compliance with the criteria used in the qualification process that providers completed previously (e.g., work sample and

interview). Providers are required to adhere to these criteria in all of the work they perform as a service under the Waiver.

Additionally, DDSN can become aware of a provider's work that does not meet the criteria for qualification from local DSN boards and/or families. This may consist of a complaint about unacceptable performance received by DDSN by a purchaser of the service. Should this occur, DDSN will initiate a QA review separate from the annual review process.

If review of a provider's work sample reveals that it does not meet the established criteria, the provider will be provided a written notice by DDSN. This notice shall describe which criteria have not been met. This shall serve as a formal notice of warning and require that the provider forward a plan of correction to DDSN within 30 days. The provider's work will be sampled/reviewed again in 60 days at the same site and/or at another DSN Board where the provider renders the service. If the second review reveals continued failure to meet the established criteria, DDSN will remove the provider from its list of approved providers and request DHHS to revoke the provider's waiver provider number.